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**Intergenerational trauma framework for program efficacy studies into child trauma
recovery in occupied Palestine**

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Intergenerational trauma framework for programme efficacy studies into child trauma recovery in occupied Palestine

Abstract

This paper argues for a shift in conceptual understanding of child trauma recovery programme efficacy studies in occupied Palestine. Nearly all prevalence and programme evaluation studies in Palestine focus on current traumatic events and resultant symptoms, especially posttraumatic stress disorder. To date, no child trauma recovery programme has been evaluated from an intergenerational trauma perspective, that is, one that recognises traumatic events over generations and the wide ranging symptoms of developmental trauma in children. Where intergenerational trauma has been explored in the literature, this has been at a conceptual rather than empirical level. In response to this omission, the current paper explores intergenerational trauma as a conceptual framework for evaluative research into child trauma recovery programme efficacy in occupied Palestine. Following a review of intergenerational trauma literature within and beyond Palestine, a framework for evaluation is developed to include historical trauma; collective and individual loss; current day traumatisation; micro-aggression; resultant symptoms; and the transmission of intergenerational trauma. Recommendations are provided for future research, practice and policy development in Palestine and beyond.

Key words: intergenerational, trauma, children, occupation, Palestine

Intergenerational trauma framework for programme efficacy studies into child trauma recovery in occupied Palestine

Evans-Campbell (2008), defines intergenerational trauma as the oppression, marginalisation, humiliation and discrimination, in a myriad of forms over an extended period of time, that lead to pervasive traumatisation across generations. Australian Aborigines, Native Americans, Jews, gypsies and many other marginalized groups, from a historical perspective, have now been accepted as peoples who were oppressed and disenfranchised from their lands and culture and have experienced intergenerational trauma (Cunneen, 1994). Such acts of subjugation are now openly acknowledged; indeed denial of past atrocities tend to be subject to social and political censure (Ziya, 2012). At the time of the oppression however, those who spoke out against the oppression of indigenous peoples were often vilified and scapegoated (Tobin & Kincheloe, 2006). Such mechanisms are still apparent today including in the current context of occupied Palestine (Paur, 2011; Saleem, 2012).

The authors of this paper argue that to adequately evaluate child trauma recovery programmes in occupied Palestine, there is first a need for researchers to understand the nature of the oppression and subjugation of Palestinian children. Building on Barron and Abdallah's (2015) proposed framework for developing an understanding of the symptoms and healing of intergenerational trauma for children, the current study seeks to focus on the events of oppression across generations and explores the implications for trauma recovery programme evaluation. Researchers' neglect or avoidance of historical and socio-political factors may be one reason why trauma recovery programme efficacy studies in occupied Palestine have failed to incorporate intergenerational trauma as a guiding framework for assessing traumatic experiences, symptoms and the nature of recovery for children. Most studies have focused on current and individualised trauma rather than on historic and collective traumatic events (e.g. Barron, Abdallah & Smith, 2013). Only a narrow range of symptoms tends to be assessed, typically PTSD and associated conditions (e.g. Thabet, El-

Buhaisi & Vostanis, 2014). Studies that have focused on trauma across the generations include Palossari, Punamaki, Quota and Diab's (2013) study of parental past war trauma and its association with child development and maltreatment. Paternal past war trauma appeared to have a negative impact on child attachment and mental health and increased the risk of child maltreatment.

Barron and Abdallah (2015) utilised van der Kolk's (2009) developmental trauma framework to explore the impact of intergenerational trauma on children's symptoms. Problems managing emotions, altered attributions, educational difficulties, relationship problems, identity confusion and future victimised and victimising behaviour were all identified. There was little focus, however, on the traumatic events children and especially their families had experienced. Srour (2005), in relation to intergenerational trauma for refugees, found that children who had heard historical refugee stories of being placed in tents, became fearful of this happening to them despite being in a different situation at a different time. Finally, Punamaki, Qouta and Sarraj (1997), discovered that parental traumatisation subsequently resulted in dysfunctional parenting, domestic violence and anxious attachments.

None of these studies, however, evaluated the impact of trauma recovery programmes from an intergenerational perspective. To address this omission, the current paper explores the nature of events associated with intergenerational trauma for children in occupied Palestine and the implications for programme evaluation. Figure 1 provides a framework that includes traumatisation across generations, multiple losses for children and families, current day traumatic events, daily micro-aggression, resultant symptoms for children and the transmission of intergenerational trauma. The rest of this paper seeks to explain the development of this framework from the context of children and families living in occupied Palestine.

‘Figure 1 here’

Historic and collective traumatic events

The authors argue that trauma programme evaluation for children cannot be understood without grasping the significance of 60 years of military violence in the region and the occupation fragmenting Palestine into different geographical communities. Philips (2008) identified three different types of traumatic experience that co-exist for indigenous populations: situational, cumulative and intergenerational trauma. Situational trauma involves discrete events such as exposure to a single bomb blast; cumulative trauma refers to recurring traumatic experiences, such as multiple missile attacks, and their impact; and intergenerational trauma refers to historic events that previous generations have experienced but not processed, and where parental trauma is passed from one generation to the next. The events of historic trauma are discussed in this section, while the transmission of intergenerational trauma is discussed later.

To understand the enduring and pervasive nature of historical and collective trauma for Palestinian families, a brief history of military violence in region is provided (Tessler, 2009). In 1948, the al Naqba, the ‘catastrophe’ in Arabic, occurred where hundreds of thousands of Palestinians became refugees as a consequence of the creation of the state of Israel and the destruction of Palestinian communities. In 1956, the Suez crisis led to Gazans living in temporary occupation by Israel. In 1967 during the ‘six day war’, a massive air strike by Israel led to the capturing of the Old City in Jerusalem, the West Bank and the Golan Heights from Syria. The Yom Kippor war (1973-1974), named after Israel’s holy day, led to the signing of Camp David peace accord. In 1982, following the Palestinian air raid on Israel from South Lebanon, West Beirut experienced a ten week siege. Israeli military withdrew from the occupation in 1985. The Iron Fist policy in 1985, involved assassination of family members, house-demolitions, land confiscations, curfews, forced unemployment,

military barriers and the siege of Gaza (Alimi, 2006). In 1987, the first intifada occurred after the killing of 22 Gazan workers. In 1996, the Haram Ibrahimi Massacre took place at the Al Ibrahimi Mosque, and in 2002, the second intifada began after the action taken by the Israeli Prime Minister, Ariel Sharon on Temple Mount. Frequent Israeli military incursions into Palestinian Authority areas occurred between 2003 and 2005. The second intifada started as peaceful resistance, but by the end of six years around 3000 Palestinians were killed. Intra-Palestinian violence accounted for the execution of 1000 perceived Israeli collaborators, many of whom were adolescents. There have been repeated sustained attacks on Gaza during 2006, 2008, 2009, 2012, and 2014. In 2006, Hamas won democratic elections which resulted in on-going economic sanctions from Israel and the West including an Israeli blockade of land, air and sea. In 2008, the three week war on Gaza, Operation Cast Lead, resulted in 1417 Palestinians being killed of whom 926 were civilians. Seventy five per cent of homes were destroyed, most of which have not been rebuilt (ICAHD, 2013). Increasing numbers of children are living as refugees.

In summary, and in reference to Brave Heart's (2003) conceptualisation of historic trauma, great grandparents, grandparents and parents in Palestine have experienced a wide range of historic and cumulative traumatic events. These have included: recurring shock; massacres; invasions; detention and torture; long term entrapment and occupation; economic hardship, competition and forced financial dependency on Israel; house demolitions, forced relocation and living as refugees; loss of native language and identity; and lack of safety because of continuing military and domestic violence. To evaluate and understand the impact of trauma-specific programmes in Palestine, it is suggested that researchers need to assess the nature and extent of adversity that families have experienced over generations. Such an evaluation goes beyond child experience to include parents' and previous generations' experience of intergenerational trauma as well as assessing elders' and parents' capacity to

support traumatised children.

Current traumatic events

As well as historic trauma experienced by parents and previous generations, Palestinian children are the witnesses and recipients of military violence from an early age. Children have to cope with bombing, military attacks, incursions day and/or night, the death of family and friends and land grabs that lead to new refugees (UNICEF, 2011). With the building of the separation wall, children experience increasing isolation from towns and villages around them, and from the wider world. The separation wall, for example, cuts through gardens dividing communities, where parents need to repeatedly seek permits through lengthy bureaucratic processes for their children to see family and friends (UNOCHA, 2011). On a daily basis, children also face restrictions of food, water, electricity and travel. In short, families across generations are living in an extended period of deprivation and poverty where, after six decades of occupation, they are dependent on the state of Israel for almost every aspect of life (BIMKOM, 2006).

In addition to violence, isolation and deprivation, children also experience excessive levels of loss. A recent assault on Gaza in 2014, for example, resulted in over 2200 people being killed, 45 percent of whom were children. Another 10,000 were injured, with 40,000 homes demolished; as well as the destruction of the infrastructure of electricity, water supplies, mosques, churches, schools and universities (OCHA, 2014). Altawil (2011) reports another example where during a 12-month period, 369 people died while waiting to go to hospital because they were stopped at military checkpoints and intermittent electricity led to 155 people being burned to death from home power generators. Another 150 died in tunnels carrying essential provisions between Egypt and Gaza. Death for children and families has therefore become an everyday experience.

Kidnap and murder of children is another recurring traumatic loss for peers and

families. A recent case highlights the horror and terror of such events. At the end of July 2014, Mohamad Abu Khdeer from Shuafat was set on fire whilst still alive. This was followed by several attempts to kidnap other children. Barron, Dyregrov, Abdallah and Jindal-Snape (2014) document the range of cumulative violent losses adolescent experience. These include the death of parents, relatives, pets, friends and teachers as well as the loss of homes through shelling and enforced demolition. Adolescents also experienced less obvious losses, including the destruction of routines, intermittent schooling and loss of a sense of safety and self-confidence. Traumatic and other experiences of loss are therefore severe, cumulative and pervasive for children in occupied Palestine. It is suggested then, that programme evaluative research, needs to not only include an assessment of historic and collective trauma but also an assessment of how these interact with the nature and extent of current traumatic losses for children and their symptom presentation. This then sets a more complex context in which to assess and understand the impact of trauma recovery programmes.

Loss of identity

One of the more insidious losses for children in Palestine is the loss of identity. The geographical separation between the West Bank and Gaza has contributed to political, religious and cultural divisions resulting in the development of two distinct communities. For children and adults, this has potentially led to a loss of unified identity (Bombay, Matheson & Anisman, 2009). Children experience incremental loss of who they are as Palestinians and what Palestine means as a country. It can be argued that this process has been accelerated by on-going efforts to Israelize applied text books in East Jerusalem schools (Abdallah, 2014). Disparaging political messages have also had an impact on children's sense of self. For example, what are children to think of themselves when Israeli military identify children as terrorists or when they experience the world's inaction to the plight of Palestinian families?

Identity confusion is particularly apparent for Palestinians living in the State of Israel where children have found themselves re-named as 'Israeli Arabs'. The adoption of Israeli culture, values and practices, may also lead to a sense of separateness from, and betrayal of, their indigenous identity (Evans-Campbell, 2008). Some Palestinian children are even mistaken for Israeli Jews because of their similar appearance, which in turn can heighten a sense of invisibility (Bombay et al., 2009). Children can become pre-occupied with death that can be related to loyalty for the death of martyrs. Others experience survivor guilt, see themselves as a 'victim' or internalize the oppressor and become abusive in familial contexts or engage in violent resistance (Quota, Punamaki & Sarraj, 1995). Given the extensive and cumulative nature of loss for children in Palestine and the relationship to identity, it is suggested that trauma recovery programmes and evaluation need to include an assessment of the different types of cumulative loss experienced and their impact on identity.

Daily micro-aggression

As well as traumatic military violence and loss, children in Palestine experience many different forms of trauma embedded into the fabric of daily life. Walters (1999) suggests that children under oppression experience a wide range of micro-aggressions that involve derogatory comments, discrimination and insults on a daily basis. The extent and nature of micro-aggression Palestinian children experience, however, differs across the geographical contexts of East Jerusalem, the West Bank and Gaza. For Palestinian children living in East Jerusalem (Israel), micro-aggressions, for example, involves the need to change appearance and speak Hebrew rather than Arabic, a form of discrimination that results in the denial of self-identity (Abdallah, 2014). Children also witness daily discrimination towards their parents through lower wages, menial employment and even labouring to build the separation wall (Abdallah, 2014).

In comparison, in the West Bank, children tend to experience a more pervasive feeling of being unsafe and a generalised sense of not having control on a daily basis rather than micro-aggression. Experiences include overcrowding in refugee camps, walking past violent settlers on the way to school as well as military incursions into homes. This can lead to forced detention and torture in Israeli jails. Checkpoints for children are particularly dehumanizing, where they are shouted at while frequently waiting in long queues. Checkpoints and the separation wall not only divide families but also separates parents from their livelihood (e.g. olive trees), and in itself is a consistent reminder of oppression. Locations of access gates are unpredictably changed leading to frustration and helplessness (UNOCHA, 2011).

With Gaza, the primacy of experience is less micro-aggression and more blockades and military attacks and violence. As a consequence of violence, the threat of violence and the daily micro-aggressions, many children have lost respect for parents, who are unable to keep them safe as a result of the protective shield of childhood being fractured (Punamaki, Qouta & El-Sarraj, 2001). Despite these concerns, micro-aggression and its consequences have yet to be addressed with child trauma recovery programme efficacy studies in Palestine.

Consequences of traumatic experience

The timing and nature of traumatic experience across childhood is significant. Many experiences of violent occupation begin in utero, and are severe and chronic in nature. Barron and Abdallah (2015) identified that multiple and chronic exposure to trauma for children in Palestine can result in developmental trauma (Van der Kolk, 2005), a pervasive condition that includes PTSD, depression, dissociation, anxiety and which impedes a wide range of functioning. Dyregrov (2008) found that children experiencing overwhelming violent, personal and cumulative loss can experience complicated grief. Signs include delayed, chronic, excessive and distorted grief, all of which suggest a failure to acknowledge loss.

Although the symptoms of developmental trauma and complicated grief are increasingly being reported in children in occupied Palestine, there are as yet no studies that have sought to evaluate the impact of recovery programmes based on developmental trauma symptoms.

Cantini, Schauer and Neuner (2008) highlight that collective, as well as individual trauma throughout the life course can have a pervasive impact, creating vulnerability and dysfunction in individuals, families and communities. Children of traumatised parents are often less resilient to the effects of trauma in their own lives, and have a higher propensity to develop psychological problems associated with coping with stress (Kellerman, 2001). Where children are denied normal parenting, they can suffer from disrupted attachment relationships and lack appropriate role models on which to base subsequent parenting (Seng, Sperlich, Low, Ronnis, Muzik & Liberzon, 2013).

Kira (2009) emphasised that the consequences of trauma, loss and resultant identity difficulties can be collective in nature, e.g. a group's fear of being annihilated. Audergoren (2004) likewise argued that the impact of historical and collective trauma occurs at communal levels. Eyerman (2001) identified collective narratives and memories that form and shape communal identity as a consequence of collective trauma. Narratives of slavery, for example, have had a major impact on African American identity. Brave Heart (2003) refers to a 'wounded soul' as a result of extended persecution over the life course and across generations. The resultant wide range of symptoms of community dysfunction and individual symptomology are encapsulated in the concept of a Historical Trauma Response. Symptoms include substance misuse, suicide, depression, PTSD, anxiety difficulties and identity problems. Similarly, Evans-Campbell and Walters (2006) refer to a Colonial Trauma Response, which integrates historic trauma with ongoing collective discrimination and racism. The presence of the latter exacerbates long term health difficulties. As with the Historical Trauma Response, a wide range of symptoms are identified for families and

communities across generations.

In summary, programme evaluation needs to explore a much wider range of symptomology than has hitherto been assessed incorporating both individualized and collective responses. Developmental trauma, changes in individual and community narratives and identities, as well as symptoms of historic and colonial trauma all need to be assessed. However, with such a wide range of symptomology at individual and community levels, identifying assessment measures and methods across studies will be challenging (Barron and Abdallah, 2015). Figure 1 depicts a framework for assessing intergenerational traumatisations for programme evaluation in occupied Palestine. The framework not only incorporates the range of types of traumatic events experienced by children and their families over time and generations but also incorporates the need to continue to explore and understand the mechanisms that underpin the transmission of intergenerational trauma.

Transmission of intergenerational trauma

The authors argue that understanding the nature of trauma recovery programme evaluation not only involves assessing individual and collective traumatic events across generations; cumulative past and present loss and identity difficulties; current day trauma and micro-aggression; and resultant symptoms for children and communities, but also needs to be cognizant of factors emerging from the debate about the nature of the transmission of intergenerational trauma.

As with empirical studies, literature on the transmission of intergenerational trauma in Palestine tends to appear in books than journals. Makkawi (2008), cited in Chaitin (2011), explored the impact of the al Naqba as a traumatic collective experience and collective memory through which current and future experiences of violent occupation are viewed. Bar-Tal (2007) also refers to collective intergenerational memory and narratives as mechanisms that preserve collective identity whether it be of oppression and/or resilience. This of course

shifts and changes over time depending on circumstances. At a personal level, Saloul (2012) reports the retelling of going into exile following the al Naqba as an intergenerational continuity of memory of the loss of homeland that is kept alive in the interactions of past story and current daily life. Similarly, Kuriansky (2006) conceptualized the consequences of the al Naqba and occupation as an existential experience of multiple past and present events. Kuriansky identifies current day social-structural collective traumas including extreme poverty, racism and discrimination as part of maintaining intergenerational trauma where daily life, defined by spatial temporal fragmentation, interacts with the formation of historical collective identities of displacement and exile. Finally, Nashashibi (2003), as a consequence of the systematic erosion of Palestinian land, state and identity, emphasized the impact of psychological warfare over military violence on undermining intergenerational wellbeing.

In summary, at least two potential factors emerge from the transmission of trauma literature that may substantially contribute to the development of trauma programme evaluation. The first is the nature of child, family and community collective memories, narratives and identities, and the second is the historical, political, social events and structural context. As both factors seem to interact in the creation and maintenance of an intergenerational trauma narrative, it may be possible, for example, to trace the trajectory of these narratives and identities before and after programme delivery.

As Palestinian literature on the transmission of intergenerational trauma is limited, studies elsewhere in the world may offer other insights. Findings from other contexts, however, provide conflicting results. Holocaust studies have, on the one hand, found that parents exposed to traumatic events do not necessarily have children who have trauma symptoms (van Ilzendoorn, Bakermans-Kranenbrug & Sagi-Schwartz, 2003). Sagi-Schwartz, van Ilzendoorn, Bakermans-Kranenbrug (2008) reported that although survivor distress impacted on child world view, there was insufficient evidence to conclude this correlated

with child psychopathology as a consequence of the transmission of trauma. Roth (2008) gives a more positive example of children who listened to their parents' stories of the holocaust and coped better with anxiety. On the other hand, other studies report parental traumatisation as having a negative impact on child mental health. Trauma symptoms were found in children of traumatised military veterans (Herzog, Everson & Whitworth, 2011) and children of parents who survived the New York World Trade Centre attack developed increased depression (Neria, DiGrande, & Adams, 2012).

Although a range of theoretical perspectives have been utilised to explain the transmission of trauma from one generation to the next, there is little empirical research that tests the mechanisms of this transmission. Kellerman (2001), in a review of 35 comparative studies on the mental health of descendants of Holocaust survivors, reported that in clinical populations, children of Holocaust survivors displayed a higher propensity to psychological problems associated with coping with stress compared to other children. For example, children of survivors, who grew up to become soldiers, were more likely than other soldiers to develop PTSD. In explaining the difference in clinical, compared to non-clinical populations, Kellerman (2001) concludes (p. 9), "...although the second generation in general does not differ from others in psychopathology, after additional stress their latent vulnerability will become more manifest". This suggests children of Holocaust survivors do not necessarily have impaired psychological functioning, but are less resilient to the effects of trauma in their own lives.

Kellerman (2001), however, does not explain the actual mechanisms of how the traumatic experiences of Holocaust survivors result in poor psychological outcomes for future generations. Kahane-Nissenbaum (2011), in a study of grandchildren of Holocaust survivors, reported that relationships with grandparents were in some cases affected by the Holocaust experience. Some felt it resulted in their grandparents being emotionally distant

and lacking in affection. Grandchildren also reported they felt pressure to fulfil a duty to carry on the legacy of the survivors and ensure the world never forgot the horrific stories. This retelling was emotionally painful for them.

Related to this, paradoxically, some grandchildren felt sad that there was healing within their generation, as this meant forgetting: “I am mostly upset by the fact that we are all forgetting. As they say, time heals all. Unfortunately, I hope that wound never heals, but I see in younger generations that it’s starting to happen” (Kahane-Nissenbaum, 2011, p. 50). This desire to carry on the stories of the Holocaust supports the suggestion by Duran and Duran (1995) that traumatic narratives can be sustained by the normal mechanisms that perpetuate other cultural traditions and beliefs across generations. More apparent evidence of how the effects of trauma are passed from one generation to the next is provided by Seng et al., (2013). In a study of the effects of PTSD and depression in expectant mothers on postpartum mental health and mother-child bonding, researchers found that mothers with pre-natal PTSD, or both pre-natal PTSD and depression, were more likely than their mentally healthy counterparts to experience postpartum depression. In turn, those with postpartum depression, or both postpartum depression and PTSD, were more likely to experience impaired bonding with their child, exposing their offspring to the psychological vulnerability that is known to result from poor attachment.

Valuable and detailed explanations of the mechanisms of intergenerational trauma come from the first-hand accounts of Australian Aborigines. A report of the inquiry into the separation of Aboriginal and Torres Strait Islander children from their families during the 20th century (Human Rights and Equal Opportunity Commission, 1997) illustrates the effect that separation from families had on children’s subsequent parenting abilities, and hence their own children. The effects on separated children included physical and mental illness, disrupted attachment relationships with care givers, and estrangement from extended family,

community and culture. These children entered adulthood without experiencing effective parenting role models to provide normal nurturing and familial socialisation, which in some cases this resulted in them being emotionally unavailable to their own children.

A contributor to the inquiry who was placed in multiple foster homes during the 1950s and 1960s (p. 196) commented, “I’m a rotten mother. My own husband even put my kids in a home...I think I tried to do the best I could but that wasn’t good enough. Why? Because I didn’t have a role model for a start.” Similarly, as one woman who was placed in a girls’ home at the age of 13 explained (p. 195), “That’s another thing that we find hard is giving our children love. Because we never had it. So we didn’t know how to tell our kids that we love them. All we do is protect them. I can’t even cuddle my kids ‘cause I never ever got cuddled. The only time was when I was getting raped and that’s not what you’d call a cuddle, is it?”

Another contributor explained how her mental health problems have been directly transferred (p. 192): “There’s things in my life that I haven’t dealt with and I’ve passed them on to my children. Gone to pieces. Anxiety attacks, I’ve passed this on to my kids. I know for a fact if you go and knock at their door they run and hide.” Finally, providing a view point from the next generation, a contributor whose father had been removed at the age of 18 months reflected (p. 198), “I’ve come to realise that because of Dad being taken away, grief and all that’s been carried down to us. We’re not organised. We don’t know where we’re heading.” As with holocaust survivors, there are also examples within this population of remarkable resilience throughout generations. These are detailed elsewhere, for example in the documentary created by Aboriginal woman, Essie Coffey, ‘My survival as an Aboriginal’ (Coffey, 1978).

Intergenerational trauma literature beyond Palestine has provided an insight into some of the mechanisms of intergenerational trauma, and while it may be possible to generalise

these effects to the children of modern day Palestine, the latter population is very different to those mentioned above. The offspring of Holocaust survivors were generally born into relative safety; and Australian Aborigines no longer face the routine forcible removal of their children, although it must be noted they still tend to endure gross disadvantage in many respects, including reduced life expectancy, poor physical and mental health and high incarceration rates (Holland, 2015) as a result of the ongoing structure of colonisation. Generalisation to programme evaluation is therefore tentative. However, a number of factors are worth exploring in future evaluative research. These include levels of resilience to current day trauma; the identification of traumatic narratives shared and retold across generations; levels of parental PTSD, depression, dissociation and parent emotional availability; poor parent-child attachments; and family separation leading to parents being physically and emotionally unavailable.

Limitations

This paper sought to explore and identify a wider range of assessment factors for programme evaluation than has previously been the focus of efficacy studies. Many of the concepts utilised in this paper, however, are contested and the empirical evidence is limited. The subsequent development of new assessment methods and tools will therefore be experimental in nature and needs to be open to future conceptual development. There is still a need to operationalise the issues raised into workable research designs and methodologies. While this paper emphasised traumatic events, it needs to be seen within the context of earlier publications that focused on intergenerational symptomology for children and families.

Conclusion

The integration of intergenerational trauma into trauma recovery programme efficacy research significantly increases the potential breadth and depth of assessment. Based on empirical studies of traumatic events for children, parents and prior generations, the proposed

intergenerational framework for trauma recovery programme evaluation suggests a wide range of potential factors to assess. These include historical and collective traumatisation, multiple loss experiences, current day traumatisation, micro-aggression, resultant symptoms and issues related to the transmission of intergenerational trauma. The authors argue, that only by understanding the complex interactions of these factors can researchers adequately assess programme impact. A next step in research is to explore how to assess, develop, embed and evaluate these factors into a range of research designs.

Recommendations

In terms of evaluating and understanding the impact of trauma-specific programmes in Palestine, future research should explore how to assess the nature and extent of (i) historic and collective adversity that families have experienced over generations, as well as assessing parents' and grandparents' capacity to support traumatised children; (ii) current and cumulative traumatic losses for children and their impact on identity; (iii) micro-aggression and its consequences; (iv) a range of individual and collective symptomology including developmental trauma, and historic and colonial trauma responses; (v) the nature of child, family and community collective memories, narratives and identities; (vi) resilience to current day trauma; (vii) levels of parental PTSD, depression, dissociation, (viii) parent-child attachments; and (ix) family separation and physical and emotional unavailability. Questions remain about the cost-effectiveness of conducting such a large research agenda and who is likely to fund such research.

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Figure 1: Intergenerational trauma event framework for program evaluation in occupied Palestine

